

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025287

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 5913 Registrar's No. 80

FILED JUN 20 1963

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bois Brule Twp.		c. CITY OR TOWN Perryville	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Perryville, Rte. 6		d. STREET ADDRESS (If outside, give location) Rte. 6	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Harry Leon Petot			4. DATE OF DEATH 6-6-63		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-30	9. AGE (last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Timber Work		
11. BIRTHPLACE (City and state or country) Perry County, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John L. Petot			13b. MOTHER'S MAIDEN NAME Flora Boxdorfer		
14. NAME OF HUSBAND OR WIFE Irma Petot			Address.		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Irma Petot, Perryville, Rte. 6
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured neck DUE TO (b) Crushed face & DUE TO (c) Left Mandible		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by falling tree in logging camp
20c. TIME OF INJURY Hour a.m. 845 Month, Day, Year 6 6 63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 1/2 mi. S. of Perryville, Mo.	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Perryville, Mo.	
21. I attended the deceased from Colonel of Perry County, Mo. to Colonel of Perry County, Mo. and last saw her alive on 8-4-58 on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>[Signature]</i> (Degree or title) Colonel of Perry County, Mo.	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 6-8-63
23a. BURIAL, CREMATION; REMOVAL (Specify) Burial	23b. DATE 6-8-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.
23d. LOCATION (City, town, or county) Perryville, Mo.		(State)

24. FUNERAL DIRECTOR Young & Sons, Perryville Mo	25. DATE RECD. BY LOCAL REG. 6-10-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
0790
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wallace Young

Licensed Embalmer No. 4027

P. O. Address

Perryville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.